

The contents of this guidance document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

UNITED STATES DEPARTMENT OF AGRICULTURE
Food and Nutrition Service
3101 Park Center Drive
Alexandria, VA 22302

FNS INSTRUCTION 803-10
REV. 1

ACTION BY: Regional Directors
Supplemental Food Programs

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WIC Program--Certification: Certification of Priority II Infants

This Instruction provides guidance on the certification of, and food issuance to, Priority II infants in situations where anthropometric data is unobtainable.

Priority II includes two categories of infants: (1) infants of WIC participants who participated during pregnancy and (2) infants born of women who were not WIC participants during pregnancy but whose medical records document that they were at nutritional risk during pregnancy due to nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions which demonstrate their need for supplemental foods. The infants under these two categories are considered to be at nutritional risk solely on the basis of the mother's status. If the families of Priority II infants meet the State's income eligibility standards, they are considered eligible for the program independent of any anthropometric criteria or measurements. However, as part of the total intake procedure, anthropometric data must be obtained. This data is used to determine whether infants who qualify for Priority II should be categorized in Priority I and to record and subsequently monitor their health status.

As a general rule, even though Priority II infants are considered to be at nutritional risk solely on the basis of the mother's status, the State or local agency should make every effort to secure the necessary data prior to certification "in order to ensure that appropriate health and nutrition services are provided. Anthropometric data can be obtained either by direct measurement or through other sources, such as birth or medical records, including referral data submitted by a competent professional authority not on the staff of the local agency. The State agency may establish a policy authorizing the local agency to contact the hospital or attending physician in order to obtain the necessary anthropometric information when the parent or guardian cannot present it.

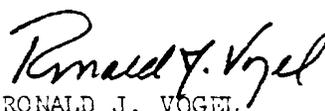
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We realize that sometimes it is impossible for a parent or guardian to bring the infant or medical records to the WIC local agency promptly after birth. Therefore, to allow for timely provision of benefits to the neonate in these instances, the State agency may permit local agencies to certify Priority II infants on the basis of the mother's documented status during pregnancy, provided the necessary anthropometric data is secured, and the infant presented at the clinic, soon after certification. However, under no circumstances can a pre-birth certification or issuance of food instruments be made.

States should use their discretion in deciding whether to permit certification of Priority II infants and issuance of the first month's food package prior to receipt of the necessary data. In the event that they decide to permit this issuance, it would be appropriate to deny further food instruments if the required data is not provided within the first 6 weeks of the infant's birth. However, when such a policy exists at the local agency, the State agency must ensure that the parent or guardian is advised at the time of the infant's certification that future food instruments will be withheld until the necessary information is made available and the infant is brought to the clinic. The 6-week timeframe is chosen since this timeframe coincides with an infant's first immunization and check-up. However, because of the critical timing necessary for effective WIC Program intervention, every effort should be made to encourage, as well as assist, parents or guardians in securing the necessary information and in bringing the infant to the WIC clinic at their earliest opportunity.



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